

# INVOICE

**Company:**  
**Phone:**

**Date:**

**Invoice #:**

---

**Client Information:**

Name:  
Address:  
City/State:

**Property Details:**

Lot Size:  
Target Pests: [ ] Ticks [ ] Fleas

Service Description / Product Used	Qty/SqFt	Rate	Total
------------------------------------	----------	------	-------

---

Subtotal:  
Tax:

---

**Balance Due:**

---

**Treatment Notes:**

**Re-entry Interval:** Keep pets and children off lawn for hours/until dry.

Thank you for your business!